

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-975)

SERIAL NO. 09/937303 FILING DATE  
APPLICANT(S)

61105 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							61							
2							62							
3							63							
4							64							
5							65							
6							66							
7							67							
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37							97							
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39							99							
40							100							
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44														
45														
46														
47														
48														
49														
50														
TOTAL IND.			3		5		TOTAL IND.							
TOTAL DEP.			18		15		TOTAL DEP.							
TOTAL CLAIMS			21				TOTAL CLAIMS							